

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Baby Got PAC		FEC IDENTIFICATION NUMBER ▼ C C00591214	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 11 / 11 / 2015	

Full Name of Payee Engage, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015	
Mailing Address 814 King Street Suite 400		Amount 25000.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4116
Purpose of Expenditure online advertising		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee Engage, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2015	
Mailing Address 814 King Street Suite 400		Amount 750.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.4126
Purpose of Expenditure online advertising		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	25750.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Candace Hermesmeyer

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
11 / 16 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Baby Got PAC		FEC IDENTIFICATION NUMBER ▼ C C00591214	
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		M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2015	

Full Name of Payee Icon International, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2015	
Mailing Address 107 Elm Street 4 Stamford Plaza		Amount 50000.00	
City Stamford	State CT	Zip Code 06902	Transaction ID : SE.4117
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

Full Name of Payee Intrepid Media, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2015	
Mailing Address 210 Mill Branch Road		Amount 42240.00	
City Tallahassee	State FL	Zip Code 32312	Transaction ID : SE.4122
Purpose of Expenditure media production		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92240.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Candace Hermsmeyer

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		MM / DD / YYYY 11 / 11 / 2015	

Full Name of Payee Old Dominion Research Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2015	
Mailing Address P. O. Box 151444		Amount 1000.00	
City Alexandria	State VA	Zip Code 22315	Transaction ID : SE.4118 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure research	Category/Type		
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	118990.00

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Candace Hermsmeyer

[Electronically Filed]

Date

MM / DD / YYYY
11 / 16 / 2015

Signature